

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09781110

FILING DATE
02-09-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12	/						62							
13		/					63							
14		/					64							
15		/					65							
16	/						66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21	/						71							
22		/					72							
23		/					73							
24		/					74							
25		/					75							
26	/						76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.							
TOTAL DEP.	25						TOTAL DEP.							
TOTAL CLAIMS	30						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy